



**OHSU  
MEDICAL  
GROUP**  
& UNIVERSITY PROFESSIONAL SERVICES

# Your OHSU Medical Group Statement

We have listened to your comments and have updated our statement. The most important improvement is the size of the type in the Account Summary section. Please take a moment and review the sample below.

**A. How to Contact Us:**

If you have questions, please call us, or send your inquiry in writing.

**B. Account Information:**

When contacting us, please have your account number ready.

**C. Account Summary:**

Itemization of your medical provider charges and credits on your account.

**D. Balance Summary:**

Summary of patient and insurance outstanding balance.

**E. Important Notes:**

Information concerning the status of your account.

**F. Payment Options:**

You may pay by check or credit card. Please see the back of your statement for our payment policy.

**G. Amount Due:**

The amount due is payable upon receipt of your statement. Please include this payment coupon with your payment.

Customer Service  
503-494-8417  
Toll Free  
800-752-4447  
Español  
503-494-4454

See Reverse Side for Payment Policy.  
**OHSU Hospital will bill you separately for Hospital charges.**



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2241 LLOYD CENTER, PORTLAND, OR 97232

Patient Name			Account #			Bill Date
Date	Proc Code	Description	Charges	Credits	Insurance* Balance	Patient Balance

<b>TOTAL DUE:</b>	<b>INS. BALANCE TOTAL</b>	<b>BALANCE DUE</b>
OVER 120 DAYS		

**\*BALANCE DUE FROM INSURANCE IS THE PATIENT'S RESPONSIBILITY IF NOT PAID WITHIN 60 DAYS**

CURRENT	30 DAYS	60 DAYS	90 DAYS
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**PATIENT BALANCE**

**INSURANCE BALANCE**

**Important Notes**

Please Detach and Return Bottom Portion with Your Payment.



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**AMOUNT DUE IS PAYABLE UPON RECEIPT.**

Please check box if address below is incorrect and indicate change(s) on reverse side.

Any Payments or Charges After the Above Billing Date Will Appear on Your Next Statement.

**IF PAYING BY CREDIT CARD, FILL OUT BELOW.**

VISA     MC     DEBIT CARD     AMEX     DISCOVER

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

BILL DATE	ACCOUNT NO.	AMOUNT DUE	AMOUNT ENCLOSED

**MAKE PAYMENT TO:**

**We welcome your comments.**

**Please call us at 503-494-8417 or toll free at 1-800-752-4447 if you live outside the Portland area.**

**Thank you.**